No. 4 July, 1913. Vol. VI.

Bulletin

(OF THE)

Ontario Hospitals for the Insane

A Journal Devoted
to the interests of
Psychiatry in Ontario

Printed by Order of the Legislative Assembly

FOR THE DEPARTMENT OF THE PROVINCIAL SECRETARY.

Printed by L. K. CAMERON, Printer to the King's Most Excellent Majesty.

Every medical practitioner in Ontario is invited to interest himself in the success of the Hospital for the Insane in the district in which he resides. Every Superintendent realizes that the successful results aimed at in the modern treatment of the Insane can be more readily secured by enlisting the co-operation and sympathetic support of the medical men who were formerly the physicians to the patients in their homes. The family Physician naturally watches with interest the course of the hospital treatment and should consider himself an honorary member of the visiting staff of the hospital to which his patients are sent for treatment.

PROCEDURE TO SECURE ADMISSION OF PATIENTS.

The Provincial Secretary desires that all cases that are likely to be benefited by treatment in a Hospital for the Insane should be admitted with the least possible delay.

(1) Where the property of a patient is sufficient, or his friends are willing to pay the cost of the Medical Examination, the family Physician should apply directly to the Medical Superintendent of the Hospital for the Insane, in whose district the patient resides, for the necessary blank forms. These being secured, they should be properly and fully filled in, dated, signed in presence of two witnesses by the medical men in attendance. They are then returned to the Hospital, and if satisfactory, and there is accommodation, advice will be sent at once to have the patient transferred.

(2) Where the patient has no property, and no friends willing to pay the cost, application should be made to the head of the Municipality where he lives, who, after satisfying himself that the patient is destitute, may order the examination to be made by two physicians, and a similar course to the above is then followed. The Council of the Municipality is liable for all costs incurred, including expenses of travel.

(3) Where the patient is suspected to be dangerously insane, information should be laid before a magistrate, who may issue a Warrant for the apprehension of the patient, and if satisfied that he is dangerously insane may commit the patient to the custody of someone who will care for him, but not to a lock-up, gaol, prison or reformatory, and notify the Medical Examiners. The Magistrate should then send to the Inspector of Prisons and Public Charities, Parliament Buildings, Toronto, all the information, evidence and certificates of insanity. The costs incurred by this method form a charge against the County, City or Town in which such patient resided.

Voluntary Admission.

The Superintendent of a Hospital for Insane may receive and detain as a patient any person suitable for care and treatment who voluntarily makes written application on a prescribed form, and whose mental condition is such as to render him competent to make application.

A person so received shall not be detained more than five days after having given notice in writing of his desire to leave the hospital.

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The Bulletin

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SPECIALISM IN THE GENERAL HOSPITAL.

An Address by Sir William Osler, Bart., at the opening of Phipps Psychiatric Clinic, Baltimore, Md., April 17, 1913.

Only a few impressions in life endure, we use the same cylinders over and over again, the dots and markings become confused, and when we call for a record, a jumbled medley is poured out, a confused message from the past. But certain records are time-fast, and bite in such a way that no subsequent impressions can blur the clearness, and the story comes out fresh and sharp. So it is when I call up the record of those early years, so full of happiness, so full of hope. And to have seen in so many ways the fulfilment of our heart's desire is more than we could have expected, more indeed than we deserved.

I am sorry for you young men of this generation. You will do great things, you will have great victories, and, standing on your shoulders, you will see far, but you never can have our sensations. To have lived through a revolution, to have seen a new birth of science, a new dispensation of health, reorganized medical schools, remodeled hospitals, a new outlook for humanity, is not given to every generation.

By temperament a dreamer, wherever I have worked, visions of the future have beset me, sometimes to my comfort, more often to my despair. In desolate days I have wandered with Don Quixote, tilting at windmills; in happier ones I have had the rare good fortune to dream dreams through the ivory gate, and to see their realization, to have had both the vision from Pisgah and the crossing of Jordan. I have seen the school at which I began in Toronto, in an old building, dirty beyond belief, transformed into one of the most flourishing on the continent, a staff of seven teachers increased sevenfold; my alma mater, McGill, prosperous even then in men of mettle, but housed in wretched quarters, now in palatial buildings, and in affiliation with two of the best equipped of modern hospitals.

The Years of Transformation.

How paltry were my aspirations of those days! How insignificant do they seem! My feelings when Sir Donald Smith, now Lord Strathcona, gave us the first endowment of $50,000, could not be stirred to the same intensity to-day by less than a million! Nearly thirty years have passed since I joined the University of Pennsylvania, the premier school of the country. There were new buildings and a new hospital, grouped about a single arts building. But what a transformation since! Whole squares of West Philadelphia annexed and covered with laboratories, dormitories and lecture halls, and largely due to the magic energy of a prince of dreamers, William Pepper.

It has been my lot to see others do what I should have liked to do myself, and to feel that it has been better done! Looking back over a somewhat vagrant career, my fission from an academic body has always been a stimulus, and has invariably quickened the pace of progress. And this thought was a consolation when I left this comfortable billet, a few years ago. Among the

scanty seeds scattered in my peaceful valedictory, only those in which I ventured into the dangerous region of prophecy appear to have fallen on good ground.

I spoke of the need of special departments—hoping that within twenty-five years we should have a psychopathic institute, a children's hospital, a genito-urinary clinic and a special building for diseases of the eye, ear and throat. Two of these are already accomplished facts —the Harriet Lane Johnston Children's Department has been opened; to-day we open the Phipps Psychopathic Institute, and for the new genito-urinary clinic, that money has been furnished through the liberality of Mr. James Buchanan Brady. Others will follow rapidly, and it is safe to say that within a dozen years there will be as many special departments, semi-independent units in a great organization. The occasion seems fitted for the expression of a few thoughts on specialism in the general hospital.

Pouring Out Their Stores of Gold.

The work of the units is identical; each a place where rich and poor receive the best skilled help that the profession can command; each a place where students are taught; each a centre of study and research. Let us consider briefly these three functions. Similar in diversity, each unit, in organization, in aims and in methods, is a replica of the other. Each represents a technical school linked to the university by the medical faculty of which, by Mr. Hopkins' will, this hospital was to form a part. They differ from the more purely scientific departments of the medical school in one important particular. The hospital units mint, for current use in the community, the gold wrought by the miners of science. This is their first function.

A mother to-day brings her child to Dr. Harry Thomas, at neurological department, a poor, dwarfed, idiotic creature, but all the same very dear to her heart. It is a far cry from the little laboratory where Schiff

made his immortal experiments, and literally thousands of workers in the mines of science have slaved years to find the pure gold, handed out freely from this hospital to that poor woman, with which salvation was wrought for her child. It seems so easy now. "Ah, a cretin. How interesting! How old do you say? Eight? Why, she looks three. All right, do not worry; the child will get well quick; get these powders. Yes, three times a day."

An anxious mother, whose son goes to Manila next week, brings him to Dr. Barker in the private ward for an anti-typhoid inoculation. Again, a far cry from Zurich, where Klebs—so often a pioneer—first saw the typhoid bacillus. Again, a host of miners and a vast store of gold—golden knowledge, with which, would they but use it, people of the country could redeem from certain death thousands of their sons and daughters.

"They All Do Well Now."

The two incidents I have mentioned illustrate what is going on in every unit of a hospital to-day. Take another—that street brawl last night. "Yes, he was shot through the abdomen." "A dozen wounds in the bowels, you say? Hum! What a job! Must have taken you a long time—doing well, of course." "Oh, yes, we got him early—they all do well now!" Who would have believed such a story in my student days? Again, the pure gold dug out by the elder Gross. Lister, Halsted and thousands of miners, minted in the laboratories and handed out, Mr. President, to the public last night by your surgeons.

We sit over the fire in the evening and pile on the coal without a thought of the dark and dangerous lives of the poor miners who risk so much for so little. It distresses my soul to think that we have done so little for the miners, and it does not lessen my distress to know that very often they do not give a thought to us. That coal

put on the grate last evening—do you think the Hungarian in West Virginia thought how comfortable you would be over the fire? No! Nor did Schiff realize that his work would be utilized to brighten the hopes of thousands of mothers, or that he was following a code richer for humanity than the golden fleece. Only a cold-hearted, apathetic, phlegmatic, batrachian, white-livered generation, with blood congealed in the cold storage of commercialism, could not recognize the enormous debt which we owe to these self-sacrificing miners of science; and yet there are to-day sons of Belial, brothers of Shimei, daughters of Jezebel, direct descendants of the scribes, Pharisees and hypocrites in the time of Christ, who malign these prophets and wise men, winners in a fight for humanity unparalleled in the annals of the race!

Rarity of Perfect Mental Form.

The perfect physical form in man or woman is much more often sought than found. The perfect mental form is even more rare. The best to hope for in the average man, from nature and nurture, is have a right judgment in all things. In how few of us is this consummation reached? One philosopher made the comforting remark that "every man has a sane spot somewhere." Burton, in his survey of humanity in the famous "Anatomy of Melancholy," concludes that the whole world is mad, and needs a journey to Anticyra (where the best hellebore, a specific against madness, was grown).

There should be, Mr. President, no lack of candidates for help from the unit we open to-day. Many a man goes to his physician now for an overhauling of his machinery. I found a big West Virginian in the private ward one morning. The history was colorless. I went over him thoroughly. "There is nothing the matter with you," I said. "I did not say there was," came his reply. "That is what I wanted to know."

We are all a bit sensitive on the subject of our mental health, but a yearly stock-taking of psychic and moral states, under the skilful supervision of Professor Meyer, would be most helpful to most of us. "Mr. J.—A tendency to irritability of temper." "Mrs. R.—Too much given to introspection." "Miss B.—Overanxious about her soul." "Master G.—Worried by a neurasthenic mother." These would be some of the headings in the diagnosis slips. But the institute will have enough to do —meeting a demand for the early treatment of borderland and acute cases.

The progress in the rational treatment of insanity is a bright chapter in the history of the past century. The story recently told by Dr. Hurd of the changes in this country within forty years is full of encouragement. The larger staff, the skilled assistants, the scientific study of the cases has become a rule, and this community has had the benefit of the up-to-date methods of the Shepherd-Pratt Hospital, and has seen with pride the rapid development of the work of the State institutions. New methods of treatment will be tested, every advance in technique controlled, and to new theories will be applied the touchstone of science. A wide diffusion of its benefits should take place through the nurses who will pass through the institute. The discreet, even-balanced, thoroughly-trained mental nurse will be a great boon in general practice, and she will have a sociological value amid the widespread activities that have been aroused in connection with mental hygiene.

Medical Student a Factor.

That the medical student is an essential factor in the life of a great general hospital, has been of slow recognition in this country. Admitted to the dispensaries, welcomed in the amphitheatre, he has been, until recently, rigidly excluded from the wards, except as a casual attendant on ward classes. I am glad to say that

from the day he leaves the medical school laboratories he is in this hospital a co-worker with doctors and nurses, in every one of its activities, and as his right, not as a privilege grudgingly granted by the trustees.

And so it should be in all general hospitals. Every unit must be so organized as to make him fit in as part of its machinery. It is his business to know disease, and, for the sake of the public, every possible opportunity should be given him. I would even throw open the private wards, that the clinical clerks and surgical dressers might see the vagaries of sick life in all classes of society. In the palmy days of Rome the physician was followed to the houses of the wealthy by his pupils, a practice we could emulate in our private wards, limiting, of course, the numbers, and selecting the cases.

But with the medical student there is a real difficulty, expressed twenty-five centuries ago by the Father of Medicine in the famous aphorism "Life is short; the art is long." The stay of the medical student in the hospital is so brief, the amount to be learned so vast, that we can only hope to give him two things—method (technique) and such elementary knowledge as to how to examine patients, the life history of a few great diseases, and the great principles of surgical practice. He cannot be expected in the short period of the curriculum to go the circle of the units, spending time enough in each to master the chief details of a dozen specialties.

Touching at Many Points.

In most schools, a system of elective studies has been arranged to meet this really pressing and serious condition, which has grown in acuteness with the multiplication of the specialists. How can an institute like this touch the medical curriculum? At many points, directly and indirectly. The very existence in a general hospital indicates the recognition of psychiatry as part of its legitimate work. One of the tragedies of the subject

has been a dissociation from centres of active professional and university life. A department of medicine, with the closest affiliation with the life of the community, has been segregated and stamped with a taboo of a peculiarly offensive character. Here it will take its proper place—a unit in the work of the medical school of a university.

This, in itself, will be a lesson to the student. A new atmosphere will be diffused, a new group of energies and activities will come into the hospital, which cannot but be helpful. The director, his staff and the nurses will play a new role, which will greatly enhance the reputation of the old company. Living as he does in such close fellowship with the staff of the hospital, the medical student will be influenced in this way by the very presence of the institute.

It is to be hoped, too, time may be found for general instruction of the senior class in the elements of neuropsychology, and, with the elective system, an active group of students should be found to whom this study would appeal strongly. But after all, as practical men, we have to face the Hippocratic aphorism—the art is getting longer and longer, the brain of the medical student, not getting bigger and bigger, has its limits; and though keener and more industrious than ever in history, the time is too short for a man, already burdened to the breaking-point, to study any specialty from the standpoint of the specialist.

Helpful to Asylum Assistants.

To a large outside body, this institute should cater with extraordinary benefit. There must be a thousand or more assistants in the asylums of the country, whose pineal glands are not yet *crystallized,* and who should find here inspiration and help. Amid isolated and depressing surroundings, these men do yeoman work in the profession. From the director and his staff they will receive that warm and encouraging sympathy, the very

leaven of life, a quality which has been the inspiration of the benefactions of the founder of this institute. And I hope room, and plenty of it, will be found for the general practitioner, through whom, more than any other group, the benefits of this institute may be distributed. He needs enlightenment, instruction and encouragement —enlightenment as to the vast importance of early deviations from normal mental states, instruction in new methods of diagnosis and treatment, and encouragement to feel that in the great fight for sanity in the community he is the man behind the guns.

A larger outlook is connected with the third function of a hospital unit. The old Greek, with his quick sense of helpfulness, always asked about a work: "Does it make life a better thing?" and Professor Gilbert Murray remarks that one who wished to give the greatest praise to the Athenians said, "they strove to make gentle the life of the world." The American, the modern Greek—mentally if not orally—always asks the same practical question; sometimes, in the case of pure science, when it is both foolish and fruitless. But he may ask legitimately how such an institute as this may be helpful in studying lapses and freaks of the human mind—I cannot give the answer. "It is not in the book I learned out of," as the children say. I could tell you in internal medicine, and could refer you to the long list of studies in dysentery, malaria, typhoid fever, pneumonia, heart diseases and blood diseases that have come from the medical unit. But a psychopathic unit is a novelty in a general hospital, designed for the study as well as for the cure of mental aberrations.

Two Views of the Mind.

We talk a great deal about the human mind, and, when cornered, quote Hamlet to cover an unpleasant ignorance of its true nature. The modern student, like the ancient, takes his stand either with Plato and compares the mind

and brain to a player with his musical instrument, or with Lucretius, to a musical box wound up for so many years to play so many tunes. Authorities lean to one or other of these views, and I have a shrewd suspicion that some of our distinguished visitors, great representatives in this specialty, do not see eye to eye in this matter. Three things we do know, departures from normal mental states are extraordinarily common—they are the most distressing of all human ills—they should be studied systematically by experts, with a view to their prevention and cure.

When Dean Swift left the little wealth he had to found a house for fools and mad, he could not forego the pleasure of adding the satiric touch: "no nation needed it so much." This idea was not, I am sure, in the heart of Mr. Phipps; but a widespread feeling has arisen in this country that the hygiene of the mind is just as important as the hygiene of the body—that we must return to the Greek ideal of the fair mind in the fair body. How beautifully Plato visualizes the day (in a passage I am never tired of quoting)—"When our youth will dwell in a land of health amid fair sights and sounds and receive good in everything; and beauty, the effluence of fair works, shall flow into the eye and ear like a health-giving breeze from a purer region and insensibly draw the soul from earliest years into likeness and sympathy with the beauty of reason." (Republic, Bk. II.)

What a revelation of an awakening in the community that it was possible to organize such a Congress of Mental Hygiene as was held here a few months ago under the auspices of the Medico-Chirurgical Faculty! The programme itself was an inspiration. In this country, to recognize a widespread need is to meet it; and such gatherings held under auspices of the National Committee will go far to lessen the sad prevalence of early nervous breakdown.

What a philosopher said of the Melissians may be said of many people—they are not fools, but they do just the

things that fools do, in the matter of training the young. Unfortunately, we cannot pick our parents, and still, as of old, our hearts give our hands, regardless of our heads. Dr. Mott will tell a tragic tale of heredity in relation to insanity. I am afraid several generations must pass before we see any practical results of the present active eugenic crusade, but there is an immense and hopeful work to be done in educating parents in training-stable methods. An Ethiopian cannot change his skin, but a queen bee results from change of diet. This institute, I am sure, will play its part in this national campaign of prevention of mental ill-health through education—a campaign as important to the public and just as worthy of support as the great struggles against tuberculosis and infant mortality.

To Study Epidemics of Folly.

It will be helpful, too, to study in a sane, sober and sympathetic way epidemics of mental, moral, and even economic folly as they sweep over the country. The present opportunity should not be missed. With causes just as definite as smallpox or yellow fever, they never occur under exactly the same condition, but all have their basis in, and are mere specks upon, that fine old humanity that is ever fighting its way toward the light.

The present outbreak has not been equalled since the capture of the Roman world by Oriental cults. The same old-fashioned credulity exists that enabled Mithras and Isis, Apolonius and Alexander to flourish then as the new cults do to-day—and for the same good reason. There is still potency in the protoplasm out of which arose in primitive man magic, religion and medicine. Circe and Æsculapius were probably twins! Historically our fringe of civilization is of yesterday, if we compare the six or seven thousand years of its record with the millions which must have passed since man assumed his present form on the earth. In this vast perspective

Aristotle and Darwin are fellow-students; Hippocrates and Virchow are contemporaries.

Primitive views will prevail everywhere of man's relation to the world and to the uncharted region about him. So recent is the control of the forces of nature that even in the most civilized countries man has not yet adjusted himself to the new conditions, and stands, only half awake, rubbing his eyes outside of Eden. Still in the thaumaturgic state of mental development, 99 per cent. of our fellow creatures, when in trouble, sorrow or sickness, trust to charms, incantations, and to the saints. Many a shrine has more followers than Pasteur; many a saint more believers than Lister. Less than two hundred years have passed since the last witch was burned in the British Isles!

Mentally in Leading Strings.

Mentally the race is still in leading strings, and it has only been in the last brief epoch of its history that Æsop and Lewis Carroll have spun yarns for its delight, and Lucian and Voltaire have chastized its follies. In the childhood of the world we cannot expect people yet to put away childish things. These, Mr. President, are some of the hopes which fill our hearts as we think of the future of this new department.

One word of appeal to the Units. Members of a corporate body, successful life will depend upon the permeation by harmonics which correlate and control the functions. Isolation means organic inadequacy—each must work in sympathy and in union with the other, and all for the benefit of the community—all toward what Bacon calls the lawful goal of the sciences—that human life be endowed with new discoveries and power.

AN ADDRESS BEFORE THE AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION MEETING AT NIAGARA FALLS, ONT., JUNE 12, 1913.

By Dr. E. Ryan,
Medical Superintendent, Rockwood Hospital, Kingston, Ontario.

It is my pleasant duty to extend a word of welcome to you to-night.

Some men are born to honors, some achieve them, some have them thrust upon them. In this particular case I may say the honor was thrust. No one can regret more than I the loss to the meeting caused by the fact that the Hon. W. J. Hanna has found it impossible to deliver this annual address. He has deeply at heart the progress and advancement of the Hospitals for the Insane, and his one desire is to give to the country the very best hospital service.

It is a pleasure to be able to state that Psychiatry has made considerable advance in Ontario in recent years. In all respects the conditions surrounding the hospital life of the patients have been vastly improved. The Training School and the Trained Nurse have contributed largely to the breaking down of the mystery and aversion surrounding the Hospitals for the Insane.

Under the more modern hospital methods of treatment, the results have been so satisfactory that the public begin to recognize that for the insane all is not lost, nor need hope be abandoned. The closer union, too, with medical centres, the fact that many hospitals for the insane are now an integral part of university life, has contributed largely to the dissemination of a knowledge of psychiatry among the general practitioners, and through them to the public. This spread of knowledge has influenced in more than one direction. It has directed public attention to the hospital. As a result we have a more intelligent class of nurses, a more zealous type of official, a modern thera-

peutic equipment, an earlier admission of the patient, and an all-around higher and more enthusiastic medical life.

Psychiatry has therefore made marked advances during recent years, along clinical and therapeutic lines. The labor and devotion of a splendid band of faithful disciples has cleared the air of the mysticism and doubt which so long enshrouded this great department of medicine. Psychiatry, we may say, had its birth in the humanitarian labors of Chiarugi and Pinel. With a professional and chivalrous courage they broke the chains that held the sufferer in his prison cell, and that bound the science to the dismal traditions of the past. The labors of Connolly and Tuke in England marked a still further step in this civil advance. Then came the earnest endeavors by many workers in many fields to establish psychiatry as an exact study, on a scientific basis; to regard it as a purely medical or as a psycho-medical science, governed by well-recognized laws, and capable of exact interpretation. This view reached its highest in the studies, the writings, and the system of Kraepelin.

It is worthy of notice also that, side by side with the progress of our knowledge of mental diseases, there developed a series of cognate subjects, born of the family, and requiring in their determination a study and a treatment as profound and as scientific.

There is the vast array of social questions, the care and treatment of the inebriate, the feeble-minded, the degenerate, the social outcast, the social plague. These grave questions are now receiving a study and attention, social, scientific and national, that will in the end result in the greatest good to humanity.

I am glad to be able to say before this Association to-night that nowhere has the result of this diverse movement been more in evidence, or reached a higher place, than in the Province of Ontario.

The Hon. W. J. Hanna is the pioneer in this social and prison reform. His labors and his results mark a new

history in the world's conception and treatment of disease, degeneracy and crime.

As the subject of Psychiatry and allied subjects in all their beauty unfold themselves before us, we are struck by the fact that the development has been mainly along clinical lines, that it has concerned itself chiefly with the interpretation of psychic phenomena. Individual cases have been submitted to an exhaustive study, and a classification highly scientific has been the result.

From the therapeutic side much advance also has been made, and yet one cannot but be struck by the hopeless and mournful note everywhere given forth in connection with the treatment and cure of the psychoses. Now in all sincerity I beg to say to the members of this association that I consider the time has arrived when those charged with the direction of this great branch of medical science should bring this work in closer touch with university life, and, above all, with modern laboratory work, with the highest, the most exact, the most diligent research investigation.

I speak for the organic union of Psychiatry with Medicine, through the medium of the University and the Laboratory. I am led to this point of view, to the absolute necessity of this departure, from the study of the history of medicine in other branches, and from experience gleaned at Rockwood Hospital during the past seven years.

Through many centuries the study of medicine was confined pretty generally to the study of individual types, and to the classification of the knowledge derived from these observations. In this connection it is most interesting, and for my present argument most suggestive, to turn to the writings of the great father of medicine, and to observe the rare and accurate knowledge of the most intricate human affections possessed by Hippocrates in those far-off days of Athenian glory.

His etiological and clinical description of the great plague has not been excelled in lucidity or accuracy by

any writer up to the present time. The same remark can be made with reference to his work on fevers. May I also venture to say that we have made little advance on his therapeutics, because, for tertian and quartan fever (malaria), he recommended the filings of steel and the chewing of a foreign bark. There is, however, a marked absence as to treatment in all his writings.

Lucid, too, is his description of epilepsy, or the Sacred Disease, as it was called, but Hippocrates naively remarks it is "no more a divine disease than any other, but has its seat in the brain, which is the organ of the senses and of the intellect, and that it is due to a cold phlegm or pituita secreted by that organ." His description of an epileptic seizure is not surpassed in clearness or thoroughness by any modern writer. "The man loses his speech and his intellect, the hands become powerless and contracted, the blood stopping and not being diffused, the eyes are distorted, froth from the lungs issues by the mouth, he foams and sputters like a dying person, the bowels are evacuated, the patient kicks with his feet."

From the clinical side I am not sure that any modern writer exhibits in any way a wider or clearer knowledge of smallpox, scarlet fever, or chorea, than that possessed by the great Sydenham. What strikes one, too, is the accuracy of description, the terseness of language, the rare power of marshalling facts, possessed by those immortals of medicine.

Now modern science is wonderfully more diverse than the science left us by Hippocrates and Sydenham. There is, too, a far-away cry from the psychiatry of Kraepelin to the psychiatry of Pinel; but let me draw your attention to the fact that plague was master of the situation till Kitasato made his wonderful discovery. Let me point out to you how little was added to our knowledge of malaria from the days of Hippocrates till Lavaran's plasmodium was brought to light, until Manson found the storehouse of malaria poison in the stomach of the Ano-

pheles. Yellow fever continued its devastating sway till Camp Lazear was crowned with the flag of victory.

Here we have a group of affections that depopulated cities, laid waste great areas even on this continent, that turned the tide of commerce, that sealed as with seven seals vast regions of Africa and America, and yet they have been conquered, robbed of their terror, and soon will be regarded as historical relics of a forgotten past.

Of what avail was our knowledge of cerebro-spinal meningitis, of anterio-poliomyelitis, diseases rather closely associated with our own work, till Flexner's lamp showed us the light. Death, and deformity sometimes even worse than death, were the fertile product of these diseases, but the genius of Flexner has discovered the cause and the remedy. There is nothing in the history of the world in song or fable so wonderful as the story of modern medicine. Why, even syphilis, mystery of mysteries, is shorn of its historical secret. But the story would never have been told, were it not for the devoted zeal of the toiler in the field of original research. The clinician could advance to a certain point, and then he read "Thus far shalt thou go, and no farther;" the journey was completed in the great silence of the laboratory.

Now, what part is psychiatry playing in this renaissance of medicine? As I have before mentioned, in clinical methods and therapeutics, psychiatry has more than made good; but epilepsy is little more understood now than it was in the time of Hippocrates.

I speak with profound respect, and in no critical spirit, when I say that to my mind there is a wonderful lack of the spirit of laboratory research in the world of psychiatry to-day. I make a plea here to-night for an awakening to vigorous and continued effort along this line. I am aware that the answer will be: "Love's labor lost." Is this answer satisfactory? Is it correct? Lugaro in 1909 makes this statement: "We know, for example, that syphilis is the remote cause of general paralysis of the insane, but when the disease makes its appearance there

is no longer any trace of the active syphilis, and anti-syphilitic treatment is utterly useless." While this great teacher was writing out this statement Noguchi was already preparing the decisive answer. The pity of it all is the answer did not come from a hospital for psychiatry.

Not only has it been demonstrated by Noguchi that in paresis the living spirochetae prey upon the cerebral cells, but others have shown that the brain cells can be reached for treatment through the cerebro-spinal fluid. This method of treatment has met with marked success in cerebro-spinal meningitis and in anterior poliomyelitis.

Experiments at Rockwood Hospital, Kingston, have shown that methyline blue, injected into the spinal canal of rabbits, is found within twenty-four hours in all parts of the cerebral tissue. How far can this principle of cerebral investigation and cerebral medication be carried, or can it be applied at all? It has already been successfully applied in General Paresis and to other diseases I have mentioned. Why can it not be applied to the various psychoses?

Take, for example, Dementia Praecox. This disease, in the main, claims its victims at an early period, the most vigorous, fruitful period of human life. The subject may be a product of faulty heredity, he may have exhibited a certain precociousness, or unstable nervous mechanism, but at the same time he is quite capable of reaching a creditable if not a high place in educational or industrial life. Now the faulty heredity, the unstable nervous organism, is the soil, it is true, but whence comes the seed? Can this source be reached or can the seed be destroyed before it takes root? We know from post-mortem investigations that in Dementia Praecox there are certain lesions of the cerebral tissues. What causes these lesions? Can well-organized and long-continued investigation throw any light on this terrible scourge? Is the end not worth the effort? And where, let me ask, can this effort be made with the best hopes of

success? It is for the hospitals for psychiatry to lead the way.

What have we to offer with respect to Manic Depressive Insanity? Of the various types and of the essential characteristics of each type we can speak in exact language, and with a scientific clinical knowledge. We are also able, after careful observation, more or less prolonged, to give a fairly exact prognosis. But what have we gathered with respect to the causation of this disease? In this disease there may or may not be a faulty heredity, and the patient's life may have been quite exempt from previous neurotic or psychic conditions.

But what is the exciting cause? Is it purely and solely psychic, or is it associated in any way with a toxic condition? Is the primary cause mental, and does this causative factor act in any way on the susceptible, responsive, sympathetic system, paralyzing its inhibitive action and allowing the intestinal toxines to pour into the open lymphatic system, and do these toxines find a suitable habitation in the highly organized cerebral cells? Surely we would be well advised in going beyond what manic depression really is, and endeavor by all available means to seek the source from whence it came.

Now I wish to draw your attention to another, and in my experience an ever-increasing, group of affections, to which we have given the name "Insanity due to the various toxaemias." When I mention an ever-increasing group, I am free to admit our trend of mind may lead us to unduly enlarge a classification. In this group there may or may not be a defective heredity or a previous neurotic history.

This group, in the course of the disease, exhibits all the symptoms of a profound toxaemia—the coated tongue, the foul breath, an increased pulse, and in many cases a rise of temperature. Skin eruptions and superficial abscesses make their appearance, showing nature's attempt to discharge the poison. We are responsible for the no-

menclature, but what have we done to discover the nature of the toxines, or the fountain from which they spring?

What success has attended our efforts with the psychoses which may be placed to the vagaries of the thyroid gland? Different views have obtained at various periods. The secretion was too copious, it was deficient, it was depraved. The thyroid was atrophied, and we gave thyroid extract, or we grafted sections of thyroid gland obtained elsewhere. The gland was hypertrophied, and so we extirpated the gland, or a single lobe, or a section of a lobe.

> "We wiggled in and wiggled out,
> And left the world all in doubt
> Whether the snake that made the track
> Was going in or coming back."

Cannot the same be said of many of the ductless glands whose functions are little known to us at present? What part do they play in the human mechanism?

Hippocrates taught that madness is due to a phlegm secreted by the pituitary body. We may yet learn that the great teacher spoke, if not with an actual knowledge, at all events with a prophetic vision.

Now, for the reasons given I have satisfied myself, at all events, as to the urgent necessity of a well-organized, well-sustained system of research investigation in connection with the hospitals for mental diseases. Let me again quote from Lugaro. "The alienist must take an active part in the work of developing in neighboring fields of research, cultivate other sciences in order to help the progress of his own. The mere study of psychology, of disease of the mind, to which psychiatry should be reduced, according to some, is a necessary study, but by itself ineffectual and sterile."

For generations we have busied ourselves with discussion after discussion on the nature of General Paresis,

and yet, while useful, how barren it all seems in comparison to what the last few years have brought forth through the medium of the laboratory.

I am not unmindful of the splendid work already performed by Altzheimer, Mott and Robertson, nor of the valuable contributions made by many zealous laborers on this continent, but I consider the work should be more general, more widespread; that it should exhibit a greater continuity, that every hospital for the insane should have a well-equipped laboratory and skilled, experienced investigators. There are difficulties in the way, financial difficulties and possibly a dearth of skilled operators; but if we who are in charge take seriously to this great advance I have no fear of the issue. True, success may not be to-morrow, but I venture to say that no year will pass without adding greatly to our store of knowledge.

I have one more plea to offer, and that is that we make an earnest endeavor to bring our hospitals into closer touch with University life. It is a fact that in the vast majority of instances the medical graduate of to-day possesses no real knowledge of psychiatry, he can expound clearly as to the "opsenic index" and the "deviation of the complement," but of the elementary principles of psychiatry he is absolutely ignorant; and going forth from his university without any appreciation of this great branch of medicine, he never acquires a taste for this study. He is quite unable to recognize the incipient stages of the various psychoses, and the case drifts on until the disease is fixed, and a life is lost.

We speak of psychiatry as a department of medicine, and yet many of the famous universities on this continent entirely ignore this subject. It finds no place in their curricula. Surely this lamentable condition should exist no longer, and the various educational bodies should see to it that this subject has a place commensurate with its importance, in the life of every university. I speak from experience when I say that medical students value most

highly a course in psychiatry, and that the presence of this educational influence exerts an elevating tendency on the whole hospital life.

To me these views appeal with ever increasing force, for with a profession well educated in the practice of psychiatry, and with an enthusiastic army of investigators, may it not be that sorrow and distress may be relieved, that society and the State may be shorn of an ever increasing burthen of human suffering and woe; that what is dark may be illumined, and that what is hidden from our view may be brought to light.

> We see but dimly through the mists and vapors
> Around these earthly damps;
> What seem to us but funereal tapers,
> May be Heaven's distant lamps.

"THE ARGUMENT FOR THE LARGE STATE INSANE HOSPITAL."

By Sir Thomas Clouston, M.D., LL.D., Edinburgh.

Dr. Walter Channing has been good enough to send me a reprint of his article in your issue of August 1, 1912, on "The Argument for the Large State Insane Hospital," which he had read at the semi-annual Conference of the Massachusetts State Board of Insanity and Trustees of State Institutions; the subject under discussion being the size of hospitals for the insane and feeble-minded. I am well aware that it is always an invidious thing, and seldom fulfils its object, for a native of one country to criticize or even to take part in a discussion on the affairs of another land, the particular circumstances of which cannot be fully known to him. The question of the proper treatment of those suffering from mental disease and deficiency, however, is one that concerns equally all civilized nations, and the history of the subject shows that every country is indebted to its neighbors to a large extent for the enormous advances which have been made of late years in psychiatry and in the provision for the treatment of the insane and feeble-minded. I am the more emboldened to take part in this discussion that the State of Massachusetts, through its then Board of Lunacy and Charity, did me the high honor in 1879 to ask me to submit plans to them for "An asylum or hospital home for two hundred patients," and that these plans, I believe, influenced, in some measure, the construction of some of the earlier asylums of the state. "Much water has run under London Bridge" since that time, however. I have for nearly fifty years taken the keenest interest in the construction of hospitals for the unsound in mind in Great Britain, America, and the Continent of Europe. I began with a prejudice in favor of the small and man-

ageable hospital, and my experience of the large hospitals which have been constructed since that time has strongly accentuated my opinion that they have not always been a success on economical grounds and have often been failures in the interests of the insane. In some cases they have, in my judgment, at least, been almost destructive to the medical idea of individualizing each patient and treating him, medically and otherwise, as a man with a body to be studied and a mind to be cured.

For the decision of this question there are various considerations that all physicians, humanitarians and legislators must take into account. Every one will admit that the first of these is the happiness, cure or amelioration of those who suffer from mental diseases or deficiencies. The second is the cost of the proposed arrangements. The third is their effect for good or evil on the relatives of the persons so afflicted, and on public opinion. It is a fact to be deeply deplored that in all Christian countries there is a strong and cruel prejudice against those who suffer from mental disease and defect, a prejudice which right-thinking and well-instructed men and women should strive earnestly to combat. The kind of hospital in which they are treated manifestly affects this prejudice. The man or the institution that in any way lessens this handicap of the direst affliction of humanity does a great service to civilization and makes life more worth having to millions of afflicted men and women. The patients and their relatives are alike made happier.

I am aware that there are no data for fixing anything like an exact number as the maximum for which a mental hospital should be constructed. My personal experience of a small hospital for two hundred patients, of which I was the physician and superintendent, was that I knew each individual patient from start to finish of his illness, each official who aided me in my work, and each detail of administration, in a way I have never done in a larger institution. The human relationship between me and my patients, too, dominated the situa-

tion more. But I do not specially advocate this size of hospital. It has its disadvantages. When I came in charge of a larger hospital, one of about eight hundred patients of all classes, my experience was such, after giving the question my most careful attention, that I resolved to exercise all the influence I could possibly bring to bear, to prevent the institution being much enlarged. So strongly did I feel this to be my duty to my patients, that, in face of what seemed to be a binding agreement between the Managers of the Royal Edinburgh Asylum and the City of Edinburgh to admit all rate-paid patients sent to it, I urged my Board to a non-fulfilment of this contract. They resolutely backed me up, taking the consequences. Fortunately, common sense, dread of the law's delays and uncertainties, with the general homologation of my ideas regarding the disadvantages to the patients of too large an institution, prevailed, and the City of Edinburgh provided for its rate-paid patients one of the most up-to-date hospitals at Bangor. Its Lunacy Board, under the advice of the late Sir John Sibbald, who had just retired from our Commission in Lunacy, went to Germany for its idea of a "village asylum," where the various buildings are scattered over an estate of six hundred acres, and are adapted in their construction and arrangement to the varied mental and bodily conditions of the patients. It restricted the number to be accommodated to about eight hundred patients. No one can say that the patients are not better off in the two institutions than they would have been in the one enlarged to twice its size. It will always be a source of personal satisfaction to me to think of this. In Scotland we had been prepared to adopt the idea of individualization by our experience of the advantages, economic and personal, of boarding out two thousand of our chronic and harmless patients in families all over the country. This plan had been largely initiated and carried out by Sir Arthur Mitchell, one of our Commissioners in Lunacy, fifty years ago. Our experience of this "Board-

ing-out System" has been, amongst other advantages, that it largely saves the capital expense of building hospitals and that the mentally unsound and defectives so mingle with ordinary citizens that the former prejudices against them have been reduced to a great extent. The individual peculiarities and wants of the patients are carefully studied, and they are, on the whole, happier than they were when inmates of hospitals. They live a really "home" life. In Scotland, I am glad to say, we have only one hospital which exceeds a thousand patients, and that very slightly.

In England the opinion in favor of the smaller hospital was strong and universal among our best men sixty years ago, but the convenience and the apparent economy of additions to existing institutions has prevailed, and she has now 35 hospitals whose numbers exceed a thousand patients. In Ireland there are five institutions with more than a thousand patients, but none over sixteen hundred. The last report of the Commissioners in Lunacy for England, that for 1911, contains many facts which bear on this question. There are in England 95 County and Borough Mental Hospitals, which together treat 99,742 patients, the vast majority of whom are of the rate-paid class. The average number of patients in each hospital is, therefore, 1,050, this average having gradually increased for the 66 years since our first important Lunacy Act became law. Of the 35 hospitals which have over 1,000 patients, the largest of all has 2,760. Taking first the recovery rate of those 35 asylums on the admissions for the year, patients transferred from other asylums being excluded from the computation, it is seen to be 32.4 per cent., while the average rate for all the institutions was 33 per cent., and that for the hospitals with less than 1,000 inmates, 33.6 per cent.

The other kind of institution in England consists of the 14 "Registered Hospitals" which receive only private patients at various rates of board; 840 of these being admitted for the year, and their total population at the end

of 1911 being 2,621. The average number of patients in each was, therefore, 187. The recovery rate on the admissions in them was 47.5 per cent., against 33 per cent. in the County and Borough Hospitals. This is a striking fact, but it is not a sufficient ground for an absolute scientific induction. The patients all paid both higher rates of board and had a much larger nursing staff in these Registered Hospitals, and in other ways the circumstances are not alike in the two classes of institutions. But even allowing for this, I cannot help thinking the small hospital with its more numerous staff partly accounts for the higher recovery rate.

In regard to the economical aspect of the question, the Report from which I have quoted shows that while the average yearly cost for each patient in the whole of the County and Borough Asylums of England, large and small, is £26 13s. a year, the cost in the 35 asylums with over 1,000 patients in each is £26 17s., so that there is no saving of money by enlarging them to this size.

There is an argument against large hospitals which I have seldom seen referred to, but which to my mind is of importance in deciding the question of their maximum size. It is the tendency to a deteriorating and hardening effect on the minds of the physicians who treat the patients whom they cannot study medically, and of the lay officials, through their coming in daily contact with such vast numbers of demented people. Such mental derelicts are incurable, are to human nature as it commonly exists, largely uninteresting and unlovable, suggestive of no new and stimulating ideas and a deadweight on the intelligence and emotions. It needs all one's sense of duty, all one's medical instincts and all the feeling of human kindliness that is in one to fight against this benumbing influence, even in a moderate-sized asylum. My experience, and it is that written largely in the history of the unsound, is that it is the medical instinct which chiefly keeps the doctor immune from callousness of mental action and conduct. The lay mind, however well

principled, however kindly, and however religious, is apt to yield ultimately, from sheer lack of interest in such cases, to the temptation of neglecting them. They are sometimes troublesome, and their habits are often dirty and offensive. The *cui bono* is apt to be almost unconsciously asked after the first years of energy, devotion, and interest in the work. I have been simply amazed and shocked at the proposals and the practices of well-principled, well-trained, and conscientious matrons, head-attendants and nurses, as well as lay members of committees, as to what was good enough for certain troublesome and incurable patients, and as to the measures that should be taken with the dangerous and destructive among them.

There is another argument which I have been in the habit of putting forward in discussing this matter. It is this, and may be put in the form of a question: "Why should not every small city and district of, say, from a hundred thousand to three hundred thousand inhabitants, have its own mental hospital, as it now has its general hospital, its almshouses and its higher grade schools? The way in which we find masses of incurable patients in large institutions neglected by their relations, simply because they are too far off to be visited, is a very serious fact in the treatment of the insane. There is no critic so keen about the neglect of a patient as a mother or a maiden aunt. There is no stimulus so good for the nurses and officials and doctors, and so effective, as a personal appeal on the part of a near relation of a patient. Is it not one of the primary rights of a citizen, sane and insane, in a civilized, well-governed country, to have reasonable facility of visiting or being visited when suffering from disease of any kind? I think myself that this is as much a humanitarian requirement as being housed and clothed and fed and nursed and doctored. Everyone acquainted with the subject knows that this personal visiting of the patients is not so common in large institutions,

distant from the localities in which the patients have lived, as in the smaller hospital.

There are few men so alert in mind and body, so keenly conscientious and so medical in their instincts that they will keep up year by year for over twenty or thirty years the individual interest in each one of a thousand patients. When it comes to two or three thousand, the thing, in my judgment, is impossible. If I might refer to my own experience on this point, I found my power of individualizing my patients sensibly diminished after I had been thirty years at the head of a hospital of eight hundred patients, though I began this at twenty-three. I had always laid down for myself the dictum, as a counsel of perfection, that when I ceased to be able to say to any of my patients, "Good morning, ———," calling him by name, that then I should seriously think of retiring, and I never had more than about 850 patients, who were distributed and classified in twelve buildings, no "ward" in the main houses containing more than fifty patients, and some of them much fewer.

It is a suggestive fact in regard to this question that until very lately few hospitals were from the first arranged, planned and built for over a thousand patients. The additions to that number were commonly carried out as matters of expediency, of getting over the difficulty of purchasing more land, or of supposed ease of administration or economy. I believe that a certain amount of intellectual and administrative inertia, with a reluctance to face up the whole bearings of the question at issue were really at the bottom of most of the large additions to existing hospitals. I have been impressed with the fact that many of the Commissioners in Lunacy, members of the committees, and the physicians, have been inclined to apologize for the existence of such additions, and of large asylums, instead of defending them on principle. Dr. Channing in his paper, while endeavoring to take an impartial view of the subject discussed, clearly shows some of the same spirit of uncertainty and apology.

His medical instincts seem to me contending with his argument. The economic gains of a large asylum have been nil, and the arguments that the same administrative buildings will do for a hospital of a thousand patients or for two or three thousand, has been proved to be fallacious.

The intelligent layman, as well as the doctor, naturally asks the question, "How has the increase in the size of hospitals affected the recovery of the patients as a matter of experience?" I am not sure that we have reliable data on which to answer this question, because of late years, in Great Britain at least, the character of the patients sent to such hospitals has in many respects changed. Far more of the senile dotard class and many more paralytics and broken-down people are now certified as insane, and sent as patients to mental hospitals than formerly was the case. Certainly our general recovery rate has fallen considerably in the last forty years. But my personal impression is a very strong one, and it seems to be fortified by the statistics I have quoted, that the greater individual attention which is bestowed on the curable patients, the more abundant liberty which the convalescents enjoy, the feeling of being an individual instead of one of a crowd, which exists in the smaller institutions, are influences which powerfully tend to prevent many patients falling into dementia, that terrible goal of all the uncured insanities. I have elsewhere defined insanity as a "tendency to dementia." No one who has had an insane relation and has thought clearly and felt acutely as to the problem of his recovery, but has striven to attain the most individual attention, the greatest amount of personal nursing and the most concentrated medical experience for this end.

I have not referred to the "Psychiatric Hospital" of small size, with a large medical staff and situated, if possible, near a medical school, for the early treatment of the curable and acute cases of mental disease, because I think that is now accepted by all of us as being most

desirable, nor have I specially referred to institutions intended exclusively for the quiet, incurable class and for many of the quiet mental defectives, because I believe the general arguments I have put forward apply also to those classes, if we are to secure for them that humanizing care which will produce the greatest amount of happiness in their lives.

As responsible advisers to the local authorities who represent the rate-payers, I believe we shall be on safer ground if we doctors follow our medical instincts, which always make for individualization in treating any disease, rather than by taking motives of expediency, ease of administration and saving money, too much into account. To crystallize a wrong policy by bricks and mortar where the recovery from disease or human happiness is at stake, may be irretrievable. At all events, the patient and his chances of recovery should always have the benefit of the doubt.

No greater thing has been done for humanity in the last hundred years than the provision of the Mental Hospital. A public, which was at first entirely unconcerned, ignorant and prejudiced has been so roused and educated that it has done this. That public, under the influence of its humanitarians and its doctors, has willingly spent over £10,000,000 in providing Mental Hospital accommodations and is spending £4,000,000 a year in the cure and maintenance of their 147,000 patients in Great Britain. Those figures must be more than doubled for America. The responsibility of the building and running of those hospitals and the right expenditure of those vast sums is enormous. If mistakes are made, through insufficient care, to solve the problem rightly, it cannot unfortunately be easily undone. We have gone in this respect on wrong lines in England, I believe, and the unsound in mind are in consequence not all getting the best done for their maladies. The United States and Canada would do well to make further inquiries before they follow our example.

HOSPITAL FOR INSANE, BROCKVILLE, ONT.

A Sketch prepared by Dr. J. C. Mitchell, Medical Superintendent.

Situated in the eastern outskirts of Brockville, the Hospital for the Insane commands a magnificent view of the River St. Lawrence, from an altitude of some 155 feet. From the front of the Hospital the visitor can see, with an unbroken sweep, twelve miles to the east, the smoke from the chimneys of Ogdensburg, N.Y., where also is located a Hospital for the Insane for that State. The grounds of the Brockville institution comprise two hundred acres of farm and pasture. They run down to the water's edge, and no lovelier sight could have been chosen for its particular purpose than this restful spot at the eastern end of the fairyland known to the world as the Thousand Islands. There, on the one hand, lies the broad, placid bosom of the river, and on the other the matchless vista of the islands. Up the gentle slopes from the river bank, and in harmonious contrast to the green lawns and terraces of the park-like grounds, stand out prominently the red-brick buildings of the Hospital.

The institution was founded in 1893 by the late Honorable C. F. Fraser, then Minister of Public Works, in Ontario. It is constructed on what is termed the Main Building and Cottage System, which has been found to be very satisfactory. The Main Building is four hundred feet long and fifty feet wide, with wings for dining-rooms, dormitories and day rooms. Each wing is divided into three wards, accommodating in all over three hundred patients. In the central part of the main building are located the administration offices and residential quarters of the assistants to the Superintendent. Behind the offices and connected by a broad corridor are the patients' quarters, while in the rear again lies the

A View of the Front Portion of the Grounds Overlooking River St. Lawrence

A View of the Administration Building and Cottages

kitchen, store-room, laundry and bakery, etc. The buildings are all of pressed brick laid in colored mortar, with limestone trimmings and foundations, and the main entrance includes a fine *porte cochere,* with some very artistic carvings on the caps, bases and arches.

On each side the main building are three cottages. The three to the east are for the women, and three to the west for men. Each cottage has its own dining-room, and the meals are conveyed from the main kitchen by a tramway at the rear. Provisions have been made in the general heating system in each cottage to have the plates heated for the meals. Each cottage is divided into dormitories and single rooms and is fronted by a capacious verandah. These cottages are attractive as to their exterior, are well-lighted from large windows, and the wards and halls are made as bright and cheerful as possible. They are very comfortable homes for the care of the chronic insane.

In 1908 and 1910 respectively solar rooms were built on the male and female sides, connecting the main building with the adjacent cottages. These rooms have proved very beneficial as hospital wards and are used at the present time for the newly admitted patients, where they have the benefit of all the light, fresh air, etc., and are convenient to the hydrotherapeutic rooms, which at the same time were installed on both male and female sides. A separate room was set aside for continuous baths and an adjacent room for a complete hydrotherapeutic equipment. These have been found to be of great benefit in the treatment of the patients, and are in constant use.

In 1909 an assembly hall, quite large enough to suit the requirements of the institution, was completed and was formally opened by Honorable W. J. Hanna, Provincial Secretary, in January, 1910. This assembly hall has proved to be a very great benefit to the institution, not only for church services, but for concerts and dances during the week. Directly under the assembly hall is

the stores department, from which are received and distributed on requisition all the supplies of the institution.

In 1904 a skating and curling rink was built, and this was enlarged in 1912, so that it is now very complete and is of material assistance in the entertaining of the patients during the winter months.

A new Admission Hospital has been planned and will be erected this summer. The excavation was made and the foundation built last season. This building will be two hundred feet long and about forty feet in width, with administrative buildings and residence for one physician and trained nurse in the central building. A good operating room will also be placed in this building. This building, when completed, will aid very materially in the treatment of acute cases, and it will assist in arranging the other buildings so that the patients can be better classified than at present. The new building is expected to be completed by May, 1914.

In 1912 a room in the central building was reconstructed so as to make a modern operating room. It is now fully equipped with all modern appliances for doing surgery. The facilities for surgical work are greatly appreciated since the completion of this room.

At a reasonable distance from the main building commodious farm buildings are situated. There are about 170 acres of land, but a great part of this is of rocky formation and is not much use, except for pasturage. A portion near the building is devoted to gardens, and these are very productive. Excellent greenhouses are situated quite close to the building.

In 1911 and 1912 a farm of 320 acres of fertile soil, situated about two miles from the hospital, was purchased by the Provincial Secretary, Honorable W. J. Hanna. The buildings on these farms have been utilized by having some slight changes made, so that about twenty patients are in residence there, with a Supervisor and his wife to take charge. An additional building is now in the course of erection, so that eventually thirty

One of the Solar Rooms, between Main Building and Cottage, where Patients Receive Special Treatment

Administration Building with Reception Wards

male and five female patients will be placed there permanently. New silos are being built and changes made in the farm buildings. An extensive drainage plan has already been laid out, and will be put into effect this season. Eventually this land will become a great source of revenue to the hospital, as so many of the daily requirements will be produced there.

Training School for Nurses.

The first training school was begun here under the supervision of the late Dr. J. B. Murphy, Dr. Bruce Smith, and Dr. Harvey Clare, in October, 1903. At this time a two-year course was given, and it proved to be of great benefit to the nurses. A diploma was given to the successful students for training in mental nursing alone, signed by the medical officers of the hospital. In 1909 the Assistant Provincial Secretary, Mr. S. A. Armstrong, under the direction of the Minister, the Honorable W. J. Hanna, and with the assistance of the Inspector of Hospitals, Dr. R. W. Bruce Smith, established a training schoool at each hospital for insane in Ontario, with a central Board of Examiners. A three years' course was arranged, and this now obtains in all our hospitals. It has been very successful and a full training course in nursing is now given. Many of the graduates have taken post-graduate courses and have proved themselves capable of filling high positions in the nursing world. The nurses from this hospital have been very much interested in this course of lectures, and have stood well in their Provincial examinations.

Inspectors.

The work in all the hospitals has always been very much under the direction of the Inspectors, appointed by the Provincial Government. Messrs. R. Christie and Noxon were inspectors at the time this hospital was opened. Mr. Christie at that time took a great interest

in the work in connection with the Hospitals for Insane. He had been for many years in that position and his work was very satisfactory. Both Mr. Christie and Mr. Noxon resigned on account of advanced ages in 1905, and were succeeded by Messrs. S. A. Armstrong and E. R. Rogers. Mr. Armstrong took a very active part in inaugurating a new filing system and in the making of a new case-book system for patients. He placed all the work on a modern and up-to-date basis. In 1910 he was made Assistant Provincial Secretary, and since then has not been in such close touch with our hospital work. Mr. Rogers has had charge from the time of his appointment with the supplies, requirements and general improvements. His advice has always been practical and the assistance he has rendered in the work here has been most helpful. Every suggestion made to him from the staff here, that could be of advantage to the institution, has been quickly acted upon. The work done by the inspectors has been most valuable.

Medical Officers.

The first superintendent was Dr. J. B. Murphy, a graduate of Queen's University, Kingston, who was for a short time in general practice in Belleville. He was first appointed to the public service as Superintendent of the Institute of the Deaf and Dumb, in that city. He was removed from there to be made Superintendent when the Hospital for Insane was built at Mimico. His practical adaptability for taking hold of the work in the establishing a new hospital caused him to be made superintendent here. Everything was in very rough condition when he first took charge. The improvements made in his regime are a lasting tribute to his memory.

In January, 1904, Dr. Murphy died very suddenly, and was succeeded by Dr. Thomas J. Moher, also a graduate of Trinity University, Toronto, who had been in general practice in Trenton and Peterboro for some years, before

The Amusement Hall, with Stores Department in Basement

entering the public service. At the time of his appointment to succeed Dr. Murphy, he was assistant superintendent at Orillia. He was very energetic and took a deep interest in the work of the institution, and carried on and completed many of the improvements inaugurated by Dr. Murphy. Early in his regime he began what is now the common practice of having a conference by the medical staff over the condition of each patient, and he recognized the importance of having a good clear history written of each case. During his time the skating rink and solar rooms were built, hydrotherapeutic equipment installed, a bowling green was built and the general condition of things very much bettered. He kept up to the times in the improved treatment of patients.

On the 1st of November, 1910, Dr. Moher was transferred to a similar position at the Hospital for Insane, at Cobourg, and was succeeded by Dr. J. M. Forster, who had been in the service for a number of years. Dr. Forster was a graduate of Toronto University. He had always taken a great interest in his work, particularly in the study of the mental condition of those under his care. At the time of his promotion he was Assistant Superintendent at the Hospital for Insane at London. Dr. Forster only remained here for six months, but the work did not lag under his direction, and while here he prepared plans for the new Reception Hospital, which is now in the course of erection.

In May, 1911, Dr. Forster was placed in the important position of Superintendent at the Hospital for Insane at Toronto, and Dr. J. C. Mitchell, a graduate of Trinity University, Toronto, was made superintendent. Dr. Mitchell had been in general practice in the County of Durham for over twenty years, and entered the public service in 1902. At the time of his promotion he was Assistant Superintendent at the Hospital for Insane, Hamilton.

The following have been Assistant Superintendents:—

Dr. W. K. Ross, graduate of Toronto University, from the opening of the institution, December, 1894, until July, 1900. He is now Assistant Superintendent at the Hospital for Insane, London. Dr. R. W. Bruce Smith, graduate of Toronto University, from July, 1900, until October, 1904. Dr. Smith is now Inspector of Prisons and Public Charities for the Province.

Dr. J. C. Mitchell, graduate of Trinity University, from October, 1904, until November, 1910. He is the present Superintendent of the hospital.

Dr. P. MacNaughton, graduate of Trinity University, from November, 1910, until May, 1911. He is now Assistant Superintendent at the Hospital for the Insane at Hamilton.

Dr. F. L. Neely, graduate of Western University, London, from May, 1911, until March, 1913. He resigned to go into general practice in New Liskeard, Ontario.

Dr. Vrooman, graduate of Toronto University, is at present Assistant Superintendent.

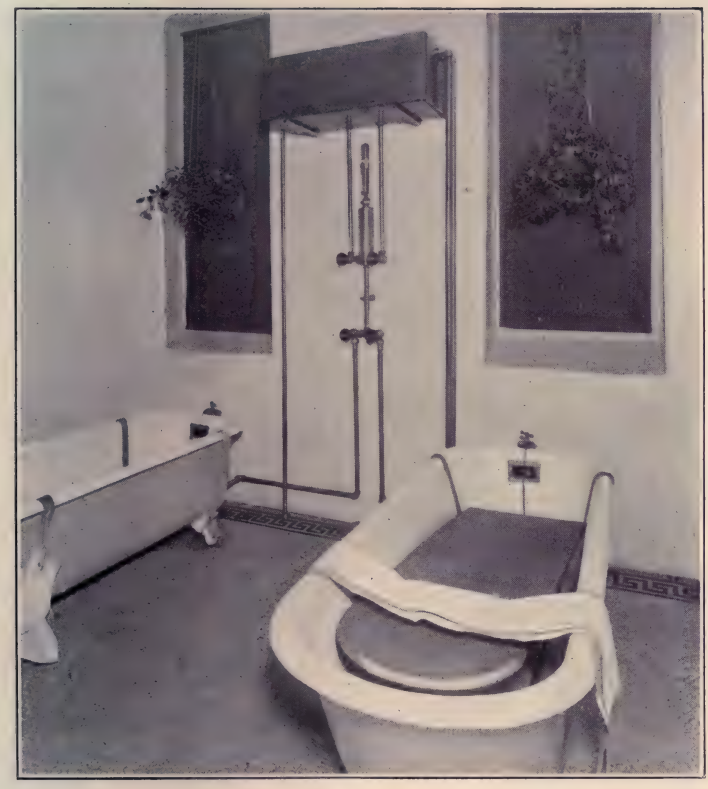
The following have been Assistant Physicians:—

Dr. P. MacNaughton, from November, 1899, until 1900.

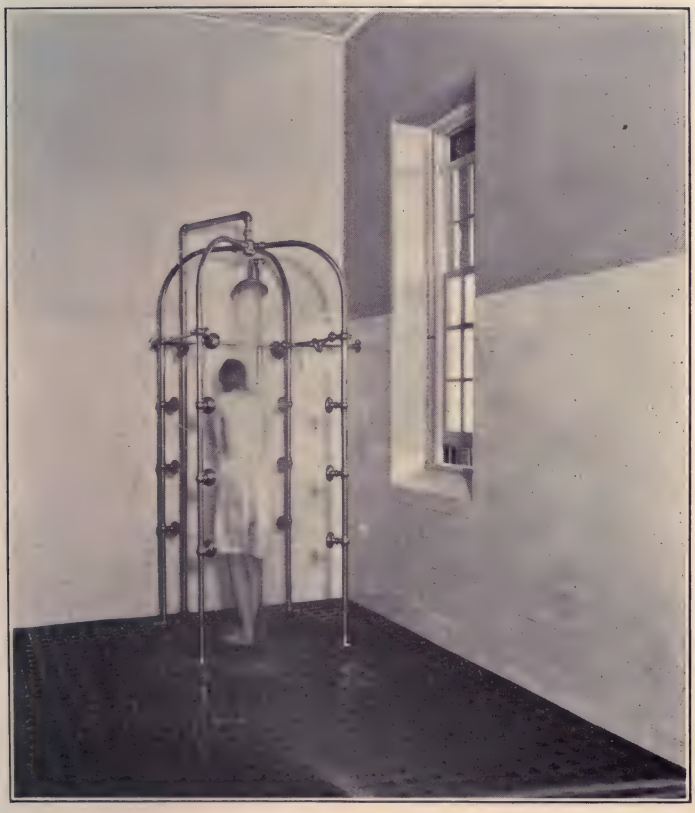
Dr. T. W. Wilson, graduate of Toronto University, from 1900 until 1901. He is now Superintendent for the Hospital for Insane at Penetanguishene.

May, 1901, Dr. Harvey Clare, graduate of Trinity University, who came into the service from general practice in the Town of Tweed, occupied the position until May, 1906. Dr. Clare is now Assistant Superintendent at the Hospital for Insane, Toronto.

Dr. G. F. Weatherhead, graduate of Queen's University, Kingston, from May, 1906, until September, 1906, came to this position from the Hospital for Insane, Verdun. He resigned to go into general practice in the City of Winnipeg.



The Continuous Bath



Portion of Hydro-Therapeutic Room

Dr. E. Sutherland, graduate of Queen's University, Kingston, from October, 1906, until 1909. He is now in private practice in North Augusta, Ontario.

Dr. F. L. Neely, from November, 1909, until he was made Assistant Superintendent in May, 1911.

Dr. C. M. Crawford, graduate of Queen's University, Kingston, from May, 1911, until May, 1913. He is now a resident surgeon in the General Hospital, Hamilton.

Bursars.

The first Bursar of the institution was Mr. J. W. Baker. He occupied the position for four years, when he was succeeded by the present Bursar, Mr. W. P. Dailey, a man well qualified for the position by his previous business training. Mr. Dailey has proved himself to be one of the most efficient officials this institution has had, as he is not only a keen, careful and economical buyer, but takes a deep interest in every department of the institution.

The plans and efforts of these various officers, combined with the loyal support of an efficient staff, have done much toward making the Eastern Hospital what it is, a splendidly organized and equipped institution for the care and more particularly the treatment of those suffering from mental disease.

Too much praise cannot be given to many filling subordinate positions for their strenuous efforts for the general welfare and improvement of the unfortunates under their care. The highest tribute paid to the work is that of the large number who have recovered their mentality and who now speak in appreciative terms of the kindness and general care they received while in residence here.

THE ROLE OF HYPNOTICS IN TREATMENT OF MENTAL DISEASES.

By F. S. Vrooman, M.B., Assistant Medical Superintendent, Hospital for Insane, Brockville.

In treating acute cases of so-called functional insanity, with excitement and insomnia as prominent symptoms, where the patient is surrounded by his or her own household, the physician in general practice is confronted with circumstances quite different from those obtaining in an institution. Those having the immediate care of the patient are frequently neighbors called to help in the emergency, or quite possibly they are the anxious and distraught relatives of the patient. At any rate it is pretty safe to assume that they are untrained in nursing cases of the kind. Hydrotherapeutic appliances are lacking and many miles probably separate the patient's residence from the physician's office. Under these circumstances hypnotics are almost certain to be employed, the physician being forced to their use in the absence of other means of treatment. Their benefit is, to say the least, doubtful, but it cannot be denied that they will allay troublesome symptoms and tide over the fury of the attack until convalescence finally sets in. Possibly they may be used only with the view of temporizing until the patient be taken to a hospital for the treatment of the mental disease.

The question arises what hypnotics and sedatives can most advantageously be employed. There are only four or five drugs in common use. Which one should be chosen depends greatly on the character of the mental illness. In senile cases—a group unsuitable for institutional treatment—where restlessness and night wandering are marked symptoms, strontium-bromide, grs. 15, given three or four times a day often brings relief. Spirits frumenti, ozs. 3, in hot milk at

bed time frequently induces a good night's sleep. The efficacy of this remedy is probably attributable to its action on the circulatory apparatus.

Exhaustive or infective insanities following childbirth, periods of great stress, loss of blood, etc., are often of short duration and may frequently be treated at home. Restlessness and excitement in these cases may be combated by good sized doses of whiskey. Here we are very loath to use any drugs, but in an extreme circumstance veronal, grs. 10, given with whiskey, ozs. 2½, often prove efficacious and quite frequently after one or two such doses natural sleep ensues and insomnia disappears. Elimination, which later will be spoken of, is of the utmost importance in treating these cases.

Patients with depression, insomnia and restlessness, whether of the manic-depressive, or the true melancholic type, frequently yield to the same treatment as quoted above.

Those suffering from the excitement of dementia praecox or manic depressive disease, have somewhat protracted illnesses, and it is almost always necessary that they receive institutional care. Outside treatment is temporary.

Paraldehyde, sulphonal, hyoscin, chloral or veronal are commonly used to combat their symptoms. Veronal we have already mentioned. This drug is, I believe, a good one. It is fairly reliable and prompt in its action and has few bad after effects. It has sprung into great popularity of late, and unfortunately is quite well known by the laity, amongst whom the idea seems to be prevalent that it is entirely harmless and it may be used with impunity.

Paraldehyde in doses from one to two drachms is prompt in its action and quite safe, but it is often difficult to persuade patients to take it. It taints the breath with a disagreeable odor for the succeeding twenty-four hours.

Sulphonal is well known to be difficult to dissolve, and therefore slow in its action and somewhat uncertain. If it be given singly it is necessary to administer it four or five hours before the effect is desired. Not infrequently I have employed it in combination with veronal—veronal, grs. 10, sulphonal, grs. 20—the effect of the sulphonal continuing after that of the veronal has worn off. Sulphonal is one of the most valuable and best proven of our hypnotics.

Morphia is obviously objectionable, having bad after effects, causing constipation and locking up the secretions generally.

Hyoscin is the last resort. It is a depressing drug and more or less dangerous. The ordinary dose of 1-100 gr. of hyoscin hydro-brom. will often bring sleep when everything else has failed.

My experience with chloral has been very discouraging, and I have entirely abandoned it.

The use of any hypnotic should not be maintained over any considerable length of time. After two or three doses have been given it should be withdrawn to see whether or not natural sleep will appear. If it be necessary to prolong the use more than a few days it is advisable to change from one drug to another, in order that no craving be established.

In an institution for the treatment of the insane the circumstances are quite different. These hospitals are elaborately equipped, the physician is surrounded by a corps of trained workers accustomed to restlessness and excitement in all its forms, who know from training and experience how best to remove annoying and exciting influences from the patient and how to make the environment most soothing for his disturbed and easily irritated mind.

It is known that a large percentage of insanity is due to faulty metabolism and it is thought that auto-intoxication is a great factor in causation.

At any rate elimination is the great outstanding

purpose in the treatment for the so-called functional insanities in our institutions to-day. The patient's skin is stimulated by packs and baths, the bowels by selected diet, suitable aperients, and high colonic flushings, he is given large quantities of water to drink in order to flush the system, and whenever possible the bed is situated out of doors, partly to procure for him the soothing effect of the fresh air and partly that elimination by the lungs may be the more easily carried out.

In keeping with this scheme of treatment drugs have little or no place. Hypnotics and sedatives are sedulously avoided because they have a tendency to lock up the secretions and excretions, and because it is generally felt that to use them is only to temporize and that they have no permanent curative effect, but often actually retard recovery.

Their use very easily deteriorates into abuse, and by employment of other means the end is nearly always attainable. Hypnotics are but seldom employed in any well regulated hospital for mental diseases.

An occasional dose of whiskey, veronal or sulphonal to chronic disturbed cases (especially of the senile type) troubled with restlessness and wandering at night, relieves the condition and does much for the comfort of other patients in the dormitory.

In cases with aggravated sleeplessness and excitement the prolonged warm bath may be followed by hot milk, veronal grs. 10, or sulphonal grs. 30, sometimes with good effect.

For more extreme cases as a last resort hyoscin given hypodermically may be used in conjunction with the hot pack, but in the treatment of nearly four hundred acute cases during the last two years I have never found it necessary to use hyoscin.

In conclusion I would urge the avoidance of hyp-

notics and sedatives as much as possible, and would point out the necessity for discrimination in selection, and care regarding administration when they are used. Their prolonged use in large doses results in toxic stupor, accompanied by disturbance of digestion, constipation, dry tongue with sordes on the lips—a condition which should never be allowed to obtain and which complicates the case and greatly retards recovery.

DISCHARGE OF INSANE CRIMINALS.

By W. M. English, M.D.,
Superintendent Hospital for Insane, Hamilton, Ont.

The matter of the discharge of insane criminals occasionally comes forward in connection with the work of our hospital, as to Hamilton are sent those prisoners who have been tried for criminal offences and who have been declared not guilty owing to insanity, and our instructions are to hold them during the pleasure of the Lieutenant-Governor of the Province of Ontario.

The New York penal code, the only state statute to which I have had access, in section 1120 states that "a person cannot be tried . . . when he is in a state of . . . lunacy or insanity, so as to be incapable of understanding the proceedings or making his defence," but is to be committed to the Matteawan State Hospital and, when sufficiently recovered, placed on trial after certification as to his mental state by the superintendent or on the issuance of a writ of habeas corpus at the request of himself or friends.

In Ontario there is a similar regulation if a prisoner's mental condition is such that he cannot intelligently instruct counsel. If the question is not raised as to prisoner's ability to instruct counsel an effort is made to deal promptly with the charge, and rarely or never, after commitment to the hospital, has application for a writ of habeas corpus in these cases been made, but an occasional request is forwarded directly to the provincial Attorney-General for redress.

The point that I desire to have an expression of opinion on is, When is a superintendent justified in recommending the discharge of a murderer or other criminal, who, after observation and examination, proves that he has recovered his normal mentality and, had he not committed such a serious crime, would without hesitation

be sent out on probation and probably finally discharged.

I will quote briefly the history of three cases, the first and third of whom we would ordinarily return to their homes had they not committed murder:

Case 1.—Mrs. B., now 50 years of age. When 39, while physically weak and suffering from depression owing to the care of an imbecile child, threw her younger infant, aged two years, into a cistern, drowning it. She was brought before a judge, and medical certificates and other evidence being produced showing her to be insane, was committed to our hospital and detained for two months, when, her physical and mental state being apparently normal, she was allowed out on probation, and at the termination of another three months, being still well, discharged as recovered. Some seven years later, i.e., when she was 46, she was again much run down physically and disturbed mentally, especially owing to the unfortunate marriage of a daughter to a worthless man, who deserted her after the birth of her first child. One day she struck the grandchild on the head with a block of wood and caused its death. She was again tried before a judge and declared not guilty of murder owing to insanity, and transferred to our care. For the past three years she has been apparently well, both mentally and physically, and every effort has been made by her husband to have her allowed to return home, but we have been obdurate so far.

Case 2.—W. A. M., a man aged 24 years, who from infancy had been delicate and suffered from a convulsive attack at two years, and had a clear and distinct history of epilepsy, as was certified to by reputable physicians in Scotland. When about 18 he joined the Black Watch Scottish Regiment and served in the British-Boer War, and on its close came to Canada and joined the permanent staff of one of our military barracks. Before commencing his military career in Canada he had at least one severe convulsive seizure while a resident of the city of Guelph. One night, after a drunken spree, he re-

turned late to his military quarters, without having first obtained "late leave," and for a time was detained in the guard-room and subsequently permitted to go to the dormitory, which he occupied with thirteen others. The night sergeant visited the man to ascertain his condition and excuse, and immediately on opening the door was shot down. The man escaped and was captured after two weeks' search and denied all knowledge of the murder or his escape that night. At the trial his attorney proved to the satisfaction of the jury he was suffering from psychic epilepsy, and he was committed to our care on January 29, 1909. For months he was within the wards, and facilities did not afford for the giving of congenial work or the taking of him out for exercise, and his whole effort was devoted to breaking away from detention and "getting even" with his detainers. Through the connivance of attendants and a nurse, he was furnished with hack-saws and was almost successful in sawing his way out through the iron window sashes before being discovered. Subsequently he was furnished with keys by two attendants (who have since suffered the penalty of their offence) and walked out one night, taking with him another patient who had also been tried for murder and found not guilty on account of being insane. He was captured and taken to a safer place of keeping, where he is learning a trade and the matter of allowing him his freedom is being considered. I might say that during the whole period of his detention in gaol previous to his trial and subsequently he has not in any way, shape or form shown any indication of epilepsy or other mental derangement.

Case 3.—This case is one of a male, A. H., aged 53 years, by occupation a farmer. There is no history of psychosis or neurosis on either side of his family. Marrying at the age of 23, his wife had three children, the eldest now 21; in his work he was prosperous. This son caused much worry to both parents, as he was reckless in his habits and a drunkard, and many times his

father had to pay up his debts, though he was earning good wages. After considerable roving, the son returned home and, through the influence of his mother, persuaded the father to sell him the farm at one-half of its worth and he would settle down. The father did so, and in the purchase of another property assumed a much heavier obligation than he believed he was justified in doing at his time of life. Another cause of his breakdown was that for two years previous to the transaction his wife had been irritable, sleepless, and at one time threatened to kill her husband, and in fact was almost successful in her attempt. In April, 1910, soon after taking possession of the new farm, he worried so much about the condition of his wife and his increased financial obligations that he lost appetite and became sleepless, and fearing a mental breakdown, urged his wife and daughter to have him placed under detention. For a week he carried about an aconite liniment with the idea of self-destruction, and finally one day swallowed it, and being, as he said, conscience-stricken, informed his family, and with their aid and that of a physician his life was saved. He then tried to brace up, and the following week, having a hog to kill, procured the assistance of a neighbor, as he felt physically unfit to do so himself. When assisting a friend to cut up the hog a few days later he states that a sudden impulse overcame him and he heard voices saying " Strike him," " Strike him," and this he did with an axe, cutting wide open the man's skull. Realizing that he had done wrong, he gave no alarm, but immediately wandered away and secreted himself in an adjoining wood and was undiscovered, and after two days voluntarily surrendered himself. In the gaol, previous to trial, he gained physically, but was excitable and still heard voices calling him. At his trial the jury found him not guilty owing to insanity, and he was ordered to be transferred to our hospital.

All excitement has disappeared and the hearing of voices has stopped, and in fact for over a year he has

been one of the most agreeable and best behaved patients one could desire, and a willing worker on the halls and an enthusiastic lawn bowler and curler. He shows considerable degeneration and exhibits no appreciation of the enormity of his crime. He has apparently recovered from his melancholic attack, and, had he not committed murder, would be given his liberty on probation at any time.

There is another class of criminals who during their detention in a prison or penitentiary become insane and are at times transferred to our hospitals. These, when mental derangement is recovered from, are discharged into the care of their friends if the term of sentence is completed, or returned to prison to complete their sentences.

Again, I would ask for an expression of opinion as to whether a patient who has been found not guilty when on trial for murder, on account of insanity, but who does not on his admission to a Hospital for the Insane, or within a reasonable time subsequently thereto, show any evidence of mental defect, except possibly a certain amount of degeneration, ever be considered a safe person to have his freedom and exercise the rights of citizenship?

AN EXPERIENCE AT SEA.—CARING FOR THE INSANE UNDER DIFFICULTIES.

Austin Evans, M.B.,
Assistant Physician, Hospital for Insane, Hamilton, Ont.

June, the season of travel, is at hand, and the fortunate ones are on their way, or making preparations for a trip to Europe. Those of the profession who visit the Old Land will investigate the workings of the Hospitals there —watch noted surgeons operate, listen to cliniques by the world's best, and will then come home and give their experiences at their local Medical Society, and thus excite envy among the less fortunate. They will also, no doubt, visit "Leicester Loungé," the "Empire," "L'Enfer" and the "Bal Tabarin," and on their return will tell their mothers-in-law all that they saw, heard and did. But the experiences that will linger longest in their memory are those that occurred on the water. Many years ago it was written in an old book that "Those who go down to the sea in ships see strange sights," and to-day it is as true as ever. To the landsman it is a world of dreams, everything is strange from the first sight of the vessel, watching your trunks—now you must call them boxes—fly through the air and land on the deck with such a crash that you feel thankful that part of your baggage is in the handbag so carefully carried by the steward.

After climbing on board by means of a gangway that reminds you of that used for loading animals on trains, one stands bewildered, not knowing which way to turn; however, the steward fathers you, and you are at last safely ensconced in your stateroom. Of the next few days you do not remember much—tours of inspection—acrobatic feats—periods spend in bed—all accompanied by a profound feeling of foreboding and a general dissatisfaction with life—make a mass of confused detail

which it is impossible to untangle. That is *mal-de-mer.* Now that you have come out of the depths, seen that the sun is still shining, you begin to take a greatly increased interest in the chef and his productions; you have found your sea-legs, you come out on deck, meet your fellow-passengers and take some interest in your surroundings. This is the critical period, and you are very apt to contract a fresh form of *mal-de-mer*—characterized by a desire to be almost alone, to avoid the light, and an intense interest in astronomy; but this form is much less unpleasant to go through—in fact, you may have several attacks and none prove serious.

It was just at this stage that something happened on board the R.M.S. *Atiro,* bound from Liverpool to South America, but the occurrence was of a more unpleasant nature. We had safely crossed the Bay of Biscay, left our " trippers " at Lisbon, and were out on the deep blue sea. Late one evening the second engineer called me up to patch up a broken head belonging to one of the " trimmers." The wound had been inflicted by a fellow-trimmer, and as the assault seemed unprovoked the assailant was examined as to his sanity.

Nothing of importance could be elicited from him regarding his family or early personal history. Though undoubtedly of an inferior type, he had been an industrious and steady worker, always performing his task to the satisfaction of his superiors, and was not given to the excessive use of alcoholics; however, for the last few days he had been acting peculiarly—going below on his watch off, talking to himself, standing under the air-shaft and raising his hands above his head. This evening in question he had an altercation with one of his fellows and without warning struck him with his shovel. A free fight followed, and after the air had been cleared I was called in to attend to the necessary repairs. Fortunately all escaped serious injury.

A mental examination showed the assailant, a man of about forty-three years of age, to be of a low mental

type, facial expression rather wild and changeable, manner quite elated, address distrustful, dress neglected. Consciousness showed considerable clouding, and he did not apprehend well what was said to him.

Attention was gained with difficulty, and it was impossible to retain or direct it.

Memory was faulty for both recent and remote events, but it was extremely difficult to gauge it at its true value owing to his mental confusion.

His train of thought was not well associated and seemed to be centred entirely around his hallucinations and delusions. Ideas were few in number.

Judgment was much impaired, delusions of persecution were in evidence. He imagined that he was treated badly by his shipmates, and made do more than his proper share of work. It was this idea that led him to the attack above mentioned. He also thought that he was unfairly used in being kept under supervision. He seemed to think it was for punishment, and wanted his opponent to be treated similarly. He made many threats as to his getting even with them all. Delusions, mildly grandiose, also existed, and when in an amiable frame of mind he would make gifts of sums of money, positions, etc., to those around him.

Orientation was unimpaired for time, place and persons.

Hallucinations and illusions existed to a marked degree. He saw blood on the bulkhead and deckhead, would tie his shoestrings around a stanchion in his room and imagine that he was driving the ship, tying it up to the wharf, operating the engines, etc. He also thought that the ship was going down and that he alone had the power to save it. He was only going to save his friends; the rest could drown. Evidently he heard voices telling him this, but he would not fully admit it was so.

Emotional field was very unstable, at times quite irritable, but again cheerful and approachable.

Volitional field showed mannerisms and erratic move-

ments. He was at first very restless, disturbed and destructive. He broke all the furniture of his room, and attempted to break open the door and the port. He also attacked those around him.

Autognosis.—He had absolutely no insight into his condition.

A careful physical examination showed no organic lesion.

The problem in this case was the treatment. There was no institution to which we could send him, and we had to extemporize. He was placed in one of the ship's hospitals which had been originally intended as a lying-in room. It was a fairly large, airy room situated on the spar deck, to the after part of the ship, and so fairly quiet and remote from the passengers. All movable furniture was taken from the room and much that was considered immovable he soon demonstrated could be moved. Our efforts, combined with his, in a few days had this room as bare as could be desired by us; but he was still dissatisfied, as he was unable to remove a three-inch stanchion which was in the centre of the room. Nurses or attendants, of course, we did not have, so a fireman by day and a seaman by night were pressed into service. He was confined to his room most of the time, in case he might have attempted jumping overboard. Sufficient exercise was given him by walking on deck early in the morning and late at night, as we did not wish for a display before the passengers. In addition, the man on duty kept the people from that portion of the deck adjacent to the patient's room.

A liberal diet of nutritious and easily digested foods was supplied him. Attempts at hydrotherapy, with the unsuitable apparatus at hand, did not prove very effective. Hypnotic drugs were administered as occasion demanded or were indicated.

Arriving at Rio de Janeiro and later at Montevideo, we tried to have him temporarily confined in an institution there, undertaking to pick him up on the return trip

and guaranteeing all expenses. But unfortunately for us the immigration laws were so strictly enforced that the health officials would not allow him to land, so we had to carry him around to Valparaiso. Here he was transferred to San Juan de Dios Hospital. During the time he was on board he had continued disturbed and restless, his hallucinations and delusions persisting. At the time of his transfer to the hospital he had improved slightly, and was somewhat quieter and less demonstrative.

Leaving him in the hospital, the ship proceeded to Callao, which place was the last port of call on the outward passage. On our return to Valparaiso, he was taken on board, in good physical health and somewhat improved mentally since landing, having been on shore about twenty days.

The treatment that had been adopted at the hospital could not be elicited, but the patient maintained that it consisted entirely in restriction of diet; however, his good physical condition did not support this. He also complained that his food had been poisoned.

On the return trip to England, lasting about four weeks, he improved slowly, became more tractable and easily managed, but he did not improve sufficiently to return to work or to be left without supervision. On arriving at Liverpool, he was handed over to his brother, who came, in answer to a wire, to take charge of him. He left quietly, giving no trouble, showing no resentment at his shipmates as he formerly had done. A stay in some suitable institution was recommended, but what happened eventually is not known, as he passed from view and nothing further has been heard of him.

ANNUAL EXAMINATION OF NURSES AT ONTARIO HOSPITALS FOR THE INSANE.

The following were the papers at the written examination of the Primary and Intermediate Candidates for the annual examinations of nurses at the different Hospitals for the Insane last month:

Junior Examinations.

Anatomy and Physiology.

All questions of equal value.

Note.—Only five questions to be answered.

1. What are the uses of muscles? Name two classes into which muscles are divided—give examples of each.
2. Name three classes of movable joints, and give an example of each.
3. Starting at left ventricle, trace circulation of blood back to its starting-point.
4. Tell the location of Liver, Kidneys, Spleen, Mastoid Cells, and Antrum of Highmore.
5. What are the diseases of the Alimentary Tract? What juices act on the food in the mouth and the stomach?
6. What are the five classes of foods, and tell what change must be made in each before it can be absorbed ?
7. What is meant by excretion and secretion? Name three excretory and three secretory organs.
8. Give reasons for cooking food.

Materia Medica and Bacteriology.

All questions of equal value.

Note.—Only five questions to be answered, in which must be included one of the three last.

1. What are anæsthetics, and in what two ways are they generally used? Give an example of each.
2. How would you prepare:
   (*a*) 1 in 60 solution of carbolic acid?
   (*b*) 1 in 500 corrosive sublimate (bichloride of mercury) solution?
3. If the adult dose of a medicine is 11 grains, how many grains would you give a child ten years of age?
4. What is the popular or common name for the following: Tincture Benzoin Co., Spts. Frumenti, Ammonia, Sulphate of Magnesia, Tincture Camph. Co.?
5. Define Diuretic, Idiosyncrasy, Purgative, Astringent, Disinfectant, and name an example of each.
6. Name the methods by which bacteria may be destroyed.
7. Describe briefly the media by which any two of the following contagions may be conveyed: Measles, Smallpox, Diphtheria, and Typhoid.
8. What are the conditions most favorable for the growth of bacteria?

General Nursing.

All questions of equal value.

Note.—Only five questions to be answered.

1. Describe nursing measures for the relief of insomnia.
2. Give the general rule for the disinfection of each of the following in the care of infectious diseases:
   (*a*) Discharges and excreta.
   (*b*) Linen.
   (*c*) Utensils.
   (*d*) The nurse's hands.

3. Define the terms, Contagion, Incubation, Crisis, Quarantine, and Immunity. How is artificial immunity procured in some diseases?
4. Describe nursing measures to prevent bed sores.
5. What is the normal temperature, pulse and respiration? Name three methods of taking temperature.
6. What precautions are to be taken in bathing an insane patient?
7. How should a nurse care for a case of epilepsy.
8. The physician informs you that he will administer nourishment by feeding tube: describe briefly what preparations you would make.

INTERMEDIATE EXAMINATIONS.

Psychiatry and Hydrotherapy.

All questions of equal value.

Note.—Only five questions to be answered, in which one of the last two must be included.

1. Describe methods of quieting a disturbed insane patient.
2. How would you take care of a patient with Melancholia?
3. How could a nurse distinguish a case of Hysteria and Epilepsy?
4. Describe briefly a typical case of Dementia Præcox.
5. Name some causes of insanity.
6. Briefly outline ten symptoms which would indicate insanity in an individual.
7. Give in detail the method which you have found most successful in reducing temperature.
8. What precautions should be taken by the nurse in charge of the continuous baths in a hospital?

Medicine and Toxicology.

All questions of equal value.

Note.—Only five questions to be answered, in which one of the last two must be included.

1. Give treatment of patient suffering from scabies.
2. What is meant by the term " Period of Incubation " as applied to infectious diseases? What is the duration of the incubation period in the following diseases: Measles, Scarlet Fever, Smallpox, Diphtheria, Typhoid?
3. How would you care for a patient suffering from Typhoid Fever? What complications are to be feared?
4. Name all the contagious diseases you know.
5. What are the essentials in nursing a case of Pulmonary Tuberculosis?
6. What symptoms in a child of ten months would indicate error in diet?
7. What is the first aid treatment in carbolic acid poisoning? What is the best antidote?
8. A patient has partaken of a hearty meal in which canned fish or vegetables formed a part; an hour afterwards the following symptoms appeared: abdominal pain, nausea, diarrhœa, rapid pulse and general prostration. No doctor is at hand. How would you diagnose the condition and treat such a patient?

Surgery and Massage.

All questions of equal value.

Note.—Only five questions to be answered, in which one of the last two must be included.

1. Describe the method of preparing a plaster-of-Paris bandage, and how to remove the same.

2. How would you prepare a patient for general anæsthesia?
3. What is meant by a compound fracture? Where is a Collis fracture?
4. Describe your method of sterilizing instruments and hands preparatory to a major operation.
5. Name the methods of arresting and controlling hæmorrhage.
6. Define Hysterectomy, Emphysema, Appendictomy, Ascites, Pyæmia.
7. What precautions do you take in the application of massage?
8. If massage is given for its soothing effect, what would be your procedure?

General Nursing.

All questions of equal value.

Note.—Only five questions to be answered.

1. What is a sinapism? State exactly how you would prepare the same.
2. How would you remove a dressing which adhered to the wound? How would you remove strips of adhesive placed across an incision?
3. Give the symptoms and treatment of shock.
4. Outline the nursing care of a case of Diphtheria.
5. Name four complications to be watched for, and, if possible, prevented in a case of Scarlet Fever.
6. Give nursing measures:
   (*a*) To induce urination.
   (*b*) For relief of vomiting.
7. How would you prepare a patient for an abdominal operation?
8. What would you do until a doctor arrives for a child who is suddenly seized with a convulsion?

The final examinations at the end of the third year are oral, and cover the whole field of study prescribed.

The successful nurses were as follows, in alphabetical order:

Hospital for the Insane, Brockville.

Junior.—Maud Denval, Edith Morton, Elma Mustard, Rebecca Murray, Sarah McCann, Ada Price, Ida Perrin, Ida Turner and Pearl Umphrey.

Intermediate.—Jennie Gibson, Nellie McCaffery, Irene Race, Annie Rand, Robena Simpson, Ella Sly, Myrtle Wiltse.

Senior.—Alma Anderson, Lottie Dowd, Gertrude Freestone and Annie Sheridan.

Hospital for the Insane, Kingston.

Junior.—Helen Cashman, Rosie Daby, Margaret Fay, Mary Forrester, Ethel Holmes, Mabel Kellar, Monica Hughes, Zella Lindsay, Ethel Lunman, Mary Moran, Mae Murphy, May McKenna, Mary O'Brien, Agnes Sargent, Alice Wilkin, and Hazel Webb.

Intermediate.—Lily Belanger, Margaret Canning, Mae Chambly, Gertrude Hughes, Marian Jennings, Gladys Leslie, Mae Murphy, R. McGrath, M. McLeod, Jennie McNichol, Margaret O'Brien, Sarah Payne, Christina Payne, Hattie Seeley, and Alice Wilkins.

Senior.—D. Black, Evelyn Laundrie, Eva Marsh, Ella McGuire, Hester McGrath, Margaret Redmond and Elizabeth Rutler.

Hospital for the Insane, Hamilton.

Junior.—Maggie Hemmerstone, Edith O. Rymal, and Annie C. Wallace.

Intermediate.—Annie Mooney, Mabel Partridge.

Senior.—Florence Glebe, Sarah Goldie, Norah Jarvis, Mae Mooney, Olive Plank, Florence Pownceby, Jessie Smith, Mary Weir and Mary Wilson.

Hospital for Insane, London.

Junior.—Margaret Bishop, Alice Fitzgerald and Alice McKee.

Intermediate.—Mabel Chapman, Nellie McGarity, Eliza Robson, Ethel Robson. Each of these take Massage in the Senior year.

Senior.—Jennie Bailey, Viola Clipperton and Jessie Martin.

Hospital for the Insane, Mimico.

Junior.—Bella Cantley, Bessie Davey, Isabella McAndrew, Cecilia Podmore, and Christina Thompson.

Intermediate.—Wilhelmina McDonald.

Senior.—Georgina Anderson, Lottie Harris, Emma Johnston, Wilhelmina McDonald, and Marie Pichl.

Hospital for Insane, Toronto.

Junior.—Alice Adshead, Helen Caie, Susanna Campbell, Florence Caskanett, Amy Clark, Beatrice Cobbett, Letitia Dodds, Alice Monie, Ruth Parks, Cecilia Scott, Elizabeth Sharkey, Mary Walker, Jean Wilkie.

Intermediate.—Elsie Gilbert, Emily Gilbert, Marjory Ingram, Bella McVittie, Jennie McVittie, Maggie McVittie, and Meta Parker.

Senior.—Meta Parker.

EDITORIAL.

The Act relating to Hospitals for the Insane and the custody of insane persons, which became law at the last session of the Legislature, contains many reforms along the lines of progressive legislation. The passing of the word "Asylum," and substituting therefor the term "Hospital for the Insane" is indicative of the fact that institutions for the treatment of mental diseases in Ontario are no longer to be regarded as Refuges, but as Hospitals equipped with modern facilities for the treatment of disease by physicians whose whole time is devoted to the study and treatment of the patients committed to their care.

Provision has been made for the admission of voluntary patients. The Superintendent may receive and detain therein as a patient any person suitable for care and treatment who voluntarily makes application and whose mental condition is such as to render him competent to make application. A person so received shall not be detained more than five days after having given notice in writing of his desire to leave the Hospital.

Hereafter no insane persan can be legally committed to a gaol, lock-up, prison or reformatory while the question of sanity is being determined, nor while waiting admission to a Hospital. For many years it was customary, largely for the sake of convenience, to commit persons alleged to be insane to gaols until they could be removed to the Hospital. Magistrates and others have lost sight of the fact that gaols are for the custody of persons charged with offences against the laws of the land, and not for the care and treatment of patients suffering from mental disease. In future it will be incumbent on the Municipality to provide some suitable place where an insane person may be comfortably detained

until the inspector and the Superintendent of the Hospital of the district may be communicated with and admission to the Hospital secured.

To prevent Hospitals for the Insane becoming overcrowded with a class of patients who might as well be cared for in Houses of Refuge, special provision has been made in the new Act. If, upon inspection of a Hospital for the Insane, the Inspector finds that, according to the report of the Superintendent, any patient has sufficiently recovered to be cared for by his friends, or that his mental condition is due to senility, and his conduct is recorded as quiet and harmless, and that he is a proper subject for care in a House of Refuge, the Inspector may order such patient to be removed to a House of Refuge in the county from which he was originally admitted, and the Board of Management and Superintendent of such House of Refuge shall admit such patient and maintain him therein.

BOOK REVIEWS.

In the seventh edition of The American Pocket Medical Dictionary, by W. A. Newman Dorland, A.M., M.D. (Philadelphia: W. B. Saunders Co.), just issued, this handy volume is brought thoroughly up-to-date. The book has been carefully revised since the last edition was published, the classification widened, and a large number of new words and phrases added. Special attention has been given to the inclusion of terms in nursing, dentistry and veterinary medicine, which along with elaborate tables and collated data make the book indispensable to either practitioner or writer. As an ordinary work of reference it merits a place in any library.

"The Modern Treatment of Nervous and Mental Diseases." By eminent American and British authors. Edited by William A White, M.D., Superintendent of the Government Hospital for the Insane, Washington, and Smith Ely Jelliffe, A.M., M.D., Ph.D., Adjunct Professor of Diseases of the Mind and Nervous System in the Post-Graduate Medical School and Hospital, New York. Two octavo volumes, about 900 pages each, illustrated. Per volume, cloth, $6.75, net.

The advances in the knowledge of neurology and psychiatry are certainly encouraged by these volumes devoted to the treatment of nervous and mental diseases. All phases are carefully dealt with by contributors whose experience entitles their views to earnest consideration. The first volume, which has just been issued, deals more liberally than is customary with the great subject of prevention. Comparatively few and feeble have been the prophylactic efforts made in searching for and applying a remedy to check the growth and development of degeneracy. The subject of eugenics and heredity in nervous and mental diseases is dealt with by Dr. William A.

White of Washington. Other interesting subjects along the lines of prevention and its methods of application follow, as well as chapters on the various psychoses, not omitting the important one of Prison Psychoses. The work of each contributor has evidently been well done, and these volumes will appeal not only to medical men, but to hygienists, government and municipal officials, and to all social welfare workers.

Experimental Studies of Mental Defectives: A Critique of the Bisset-Simon tests, and a contribution to the Psychology of Epilepsy. By J. E. Wallace Wallin, Ph.D., University of Pittsburgh. Published by Warwick & Jost, Baltimore.

This is an interesting little book of 150 pages, in which Dr. Wallin presents the results of a systematic, critical study of the Bisset-Simon scale when applied to a colony of over three hundred epileptics. These results will appeal to schoolmen, physicians and alienists. They add to our knowledge of the mental status of the epileptic. Epilepsy has long remained a little understood disease. The epileptic child certainly requires special educational treatment. The more we can discover regarding the psychology of the epileptic the more successfully can we establish and prove the worth of educational measures. Dr. Wallin expresses himself most definitely as the result of his investigations that the Bisset-Simon tests are far from being as simple or as universally applicable a tool as many have supposed. The author does not dispute the great practical value of the tests, but sounds a note of warning regarding their limitations.

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